



Chelan-Douglas Health District
200 Valley Mall Parkway
East Wenatchee, WA 98802
(509) 886-6450

APPLICATION FOR RECORD REVIEW

DATE: _____

NAME AND MAILING ADDRESS OF PROPERTY OWNER:

NAME AND MAILING ADDRESS OF APPLICANT:

TELEPHONE (Days): _____

IDENTIFICATION OF PROPERTY TO BE EVALUATED:

COUNTY: _____

ASSESSORS PARCEL NO. _____

PARCEL SIZE: _____

LEGAL DESCRIPTION (Give subdivision, lot, block, or attach Metes and Bounds):

STREET ADDRESS: _____

DRIVING DIRECTIONS: _____

DRINKING WATER SUPPLY:

☐ Public. (more than two homes)

System name: _____

☐ Private. ☐ Existing
☐ Proposed

CURRENT USE OF PROPERTY:

- ☐ Undeveloped
- ☐ Residential (single family). Number of Bedrooms: _____
- ☐ Commercial or Multi-family. Describe number of bedrooms, employees, units, shifts, type of business, etc.

KNOWN ENCUMBRANCES. Neighbor's wells, easements, covenants, flood zones, etc. Attach legal access documents for components not located on the lot where the sewage is generated.

Is the property within the boundaries of a recognized public sewer or water utility? (If so, give name of utility)

☐ NO ☐ Yes _____

Describe the questions you wish this review to answer.

APPLICANTS STATEMENT: I understand that this review will be based upon the information provided, and on a review of the records on file at the Chelan-Douglas Health District. I understand that I will need to make a separate application if I wish an inspection to be made of the property. I accept responsibility for correctly identifying the locations of water sources, septic system components, buildings, property lines, and the other items described in this application. I understand that any changes of these locations or inaccuracy in any of the items described may void any statements or comments made by the Health District as a result of this application.

(Signature)